☐ This is an amended* Statement of Organization		(REV. 05/2005)	ORGANIZATION
*An initial Statement of Organization must be filed within 10 days of the comm	nine accepting contributions,	For Office Use (Only 13589
making expenditures, or incurring indebtedness exceeding \$750. Amendment a change. Penalties may be imposed for late-filed Statements of Organization	nts must be the Within 3 days or	Comm. #	10001
committee that exceeds \$750 in activity for another office shall file within 10 c		Indexed	
DR-1 disclosing information concerning the campaign for the new office soug		Computer	
DALE A Wille for wis	1 ~ ()		
Touch A loville for less	red 5 City	garner,	
DACE M WIT			
IMPORTANT: Indicate type of committee you are reporting for: 6			
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2)	Statewide PAC (3)State Party (4)County Central Co	mmittee
(5)County Candidate (6)City Candidate (7)School Board or Other Po)County PAC (9)C	City PAC
(10)School Board or Other Political Subdivision PAC (11) Local Ballo COMMITTEE TREASURER (mandatory for all committees)	TISSUE COMMITTEE CHAIR (mand	story except for a c	andidate's committee)
Name J. J.	Name J	awiy except ioi a c	andidate a Committee
DALG H- wille	Name + DALE As Willa		
Mailing Address + + 244/8 SARATINA DR.	Mailing Address + 2648 SARATOGA DR		
AULI & SINGATURE	2618 SARATOGA IX		
City, State + + Zip Code + + S0702 - 5745	City, State Zip Code	1703 -5145	
Phone (319) 231-1446	Phone (3) 9) 231-144b		
e-Mail dwille @ MCHGI, COM	e-Mail dwille amensi com		
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv	ocate for/against candidate(s)	Advocate for/against	t ballot issue(s)
Comment or description:			
All Candidates Enter: Office Sought: Ward 5 City Council			
Office Sought: Ware of City Courters	District:	ard 5	
Deliver Destruction 12		_	5
Political Party (if applicable) // o ive County/Local Candidates and Local Ballot/Franchise Committees Enter	•	or Election:)
	Date of Election	: 11-08-05	
		. // (/ 🗸 🔾	
County: BACKHAWK	Date of Lieotion	. // ()	
			Manuficulty)
Bank Account Name	Candidate name & Address or P	arent Entity (PACs.	
Bank Account Name ↓ ↓	Candidate name & Address or P		
Bank Account Name DALE A Willa	Candidate name & Address or P	arent Entity (PACs.	
Bank Account Name ↓↓ Dale D. Wille Name of Financial Institution/type of Account ↓↓	Candidate name & Address or P DALE A Wille Mailing Address	arent Entity (PACs, Affiliate, or Sponsor	
Bank Account Name ↓↓ Dale D. Wille Name of Financial Institution/type of Account ↓↓	Candidate name & Address or P DALE A Wille Mailing Address	arent Entity (PACs, Affiliate, or Sponsor	
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Bank Account Name Drace D. W. No. Name of Financial Institution/type of Account Drace Coe St. T. Card Mailing Address + +	Candidate name & Address or P	Parent Entity (PACs. Affiliate, or Sponsor OR State ↓ ↓	Zip ↓ ↓
Bank Account Name DALE A. W. He Name of Financial Institution/type of Account Discource Coedin Cord Mailing Address ALLYS SARA TOTA DR	Candidate name & Address or P	Parent Entity (PACs, Affiliate, or Sponsor OR State	
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Bank Account Name DALE A. W. No. Name of Financial Institution/type of Account Discource Coest Card Mailing Address ARYS SARA FORA City I State I Zip I I WALERSO TOWA 507025145 STATEMENT OF AFFIRMATION: By filing this document the committee affin	Candidate name & Address or P	Parent Entity (PACs. Affiliate, or Sponsor OR State CowA 5	Zip ↓ ↓ -0702-5145
Bank Account Name DALE A. W. Ha Name of Financial Institution/type of Account Discover Cee St. T. Card Mailing Address + + Reys Sara toga De City + + State + Zip + + Walerloo Iowa 50702.5145	Candidate name & Address or P	Parent Entity (PACs. Affiliate, or Sponsor OR State CowA 5	Zip ↓ ↓ -0702-5145
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Bank Account Name DALE A. W. No. Name of Financial Institution/type of Account Discource Coe Int Card Mailing Address ARY SARA FORA DR City I State I Zip I I WALER O Towa 50702 5/45 STATEMENT OF AFFIRMATION: By filling this document the committee affin 1. The committee and all persons connected with the committee understand that rules in Chapter 351 of the lowa Administrative Code. 2. That lowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure.	Candidate name & Address or P	Parent Entity (PACs. Affiliate, or Sponsor OR State CowA 5	Zip ↓ ↓ 70702 - 5145 68B and the administrative
Bank Account Name DALE A. W. No. Name of Financial Institution/type of Account DISCOURT CORD Mailing Address LUY8 SARA + WAD City	Candidate name & Address or P	Parent Entity (PACs. Affiliate, or Sponsor OR State	Zip ↓ ↓ 70702 - 5145 68B and the administrative
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FORM

DR-1 (REV. 05/2005)

STATEMENT

OF

FOR INSTRUCTIONS, SEE BACK OF FORM

☑ This is an initial* Statement of Organization

CHECK ONE:

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12th, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics

INDEPENDENT EXPENDITURE BY AN INDIVIDUAL OR PERMANENT ORGANIZATION WITHOUT PRIOR APPROVAL OR COORDINATION WITH A CANDIDATE OR COMMITTEE

lowa Code section 68A.404 requires an individual or organization that expends in excess of \$750 in the aggregate to expressly advocate the nomination, election, or defeat of a candidate or the passage or defeat of a ballot issue to file a statement within 48 hours of the independent expenditure. This form is intended to serve those purposes.

Form	IND-EXP
	PENDENT EXPENDITURE BY AN INDIVIDUAL OR ORGANIZATION
For offi	ce use only
Indexed	1
Audited	
Checke	d
Compu	ter

ORGANIZATION OR INDIVIDUAL MAKING EXPENDITURE:			
DACE A. Wille			
	DWA 50702-5148		
Mailing Address City, State, Zip Code	, unit		
	sille @ mchsi.com 319-231-1446		
Email Address (Optional) Area Code & Telephon	e ivo.		
CONTACT PERSON FOR THE ORGANIZATION, IF APPLICABLE:			
DACE A. Wille			
Name 260 SARA-TEGA DR WARRIOG	Down 50702-5148		
Mailing Address do: 11e @mchsi. Com 319-231-	y, State, Zip		
Email Address (Optional) An	ea Code & Telephone Number		
OMMITTEE BENEFITING FROM THE EXPENDITURE:			
SMMITTEE BENEFITING FROM THE EXPENDITURE.			
Wille FOR WARD 5 10/04	2005 s/m/ 0		
Name of Committee Date of Expa	nditure Amount (fair market)		
2648 SARA togA DR LUATERIOO FO Position of C	andidate		
Mailing Address City, State, Zip Code 5070 2 Position of C	ommunication (for or against candidate or ballot issue)		
dwilleamchsi.com 317.231-1446 Onlin	e Ad : News Paper Ad		
Email Address (if available) Area Code & Telephone Number Description of	f Communication		
Criteria to use this form:			
One or more independent expenditures in excess of \$750 in the aggregate to a	advocate for or against a candidate or ballot issue.		
 Expenditure was made without prior approval or coordination with a candidate. The individual or individuals making the expenditure are not a candidate, candidate. 			
The individual of individuals making the experience are not a candidate, candi	date's committee, or other committee.		
HIS FORM MUST BE FILED WITHIN 48 HOURS OF THE EXPENDITURE. FOR TH	IIS DUDDOSE "DATE OF THE		
XPENDITURE" IS THE DATE THE COST IS INCURRED.	no toke doe, bale of the		
ersons making an independent expenditure shall also comply with the attributi	on requirement of love Code eastion 68A 44		
	•		
latement of Affirmation:	and the second s		
as made without the prior approval or in coordination with the benefiting committee.	e is accurate. I also affirm that this expenditure. I understand that by filing this form. I am subject.		
the campaign laws in Iowa Code chapter 68A and administrative rules in chapter 35	1. I also understand that the failure to timely file		
is form leads to the imposition of civil penalties and the intentional failure to file the fo unctions.	orm may lead to additional civil and criminal		
12000	10-4-05		
Signature	Date		
Aillingraid	Date		